BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Consent for Research Participation

Study Title: The Lived Experiences of Patients Presenting to the Emergency Room with Mental Health Distress
Researcher(s): Raymond Yu, Alana Riso Binghamton University
Researcher Contact Info: 9178336697, ryu19@binghamton.edu

You are being invited to take part in a research study conducted by the researchers named above. Below is detailed information for you to consider when determining whether or not to participate. Carefully consider all of this information and ask any questions you may have about it before deciding whether to participate or not.

Key Information for You to Consider
• **Voluntary Consent:** You are being asked to volunteer for a research study. It is your choice whether to participate or not. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or to discontinue participation. • **Purpose:** The purpose of this research is to study how stigma affects the perception of the quality of care from patients with mental health complaints that are presenting to the Emergency Department. The goal is to better understand how stigma contributes to the experience of individuals that are seeking mental health care in the Emergency Department. It is hopeful that the findings from the study will be used to improve services and combat stigma in mental health care. You are being invited to participate because you have experience presenting to the Emergency Department with a Mental Health complaint. It is expected that approximately 20 individuals will be participating in this research. • **Procedures and Activities:** You will be asked to answer questions regarding your experience in the emergency department and if/how stigma towards mental health and illness contributed to the perception of care. Findings from the study may be published in a journal, presented in a conference, and disseminated to the general population. • **Duration**: Your time commitment will be approximately 30 minutes. • **Risks:** Some of the foreseeable risks or discomforts of your participation include a breach of confidentiality, and possible distress while completing the survey. No identifiable data- such as name, date, address- will be collected and all data will be kept private and secure- only accessible to researchers. However, it is still possible that the data collected will be breached. In addition, it is possible that you may experience some level of distress while answering the questions. If you feel a high level of distress, please end the questionnaire and seek professional support. Feel free to use some of the mental health resources available mentioned in the beginning of the study. • **Benefits:** No direct benefit but the researchers hope to learn how stigma has impacted the perception of care in the Emergency Department from patients complaining of mental health symptoms. • **Alternatives:** Participation is voluntary and the only alternative is to not participate.

What happens to the information collected for this research?
Information collected as part of this research will be possibly be used in an academic paper published in a journal, presented in a conference, and disseminated to the general public for educational purposes.

Identifiers might be removed from identifiable private information and/or identifiable specimens and, after such removal, the information and/or specimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.

How will my privacy and data confidentiality be protected?
We will take measures to protect your privacy by storing all data collected from the research project in a password protected computer and cloud storage

We will take measures to protect the security of all your personal information including storing all data collected in a password protected computer and cloud storage.

Identifiable information collected relating to sexual or gender-based violence (dating violence, domestic violence, stalking, sexual assault), bullying, discrimination, and/or harassment will remain confidential and will not be reported to the Title IX Coordinator. That being said, you may report any occurrences and seek support for any sexual or gender-based violation by contacting the Title IX Coordinator at abaker@binghamton.edu or 607-777-2486, who can help coordinate supportive measures, informal resolution, or an investigation should you need desire. Please also see the resources provided at the end of the study procedures for more information.

Qualtrics is a Binghamton University approved survey platform and we anticipate that your participation in this survey presents no greater risk than everyday use of the Internet.

Despite these precautions, we can never fully guarantee your privacy or the confidentiality of all study information. Individuals and organizations that conduct or monitor this research may be permitted access to inspect the research records, including accessing your private information. These individuals and organizations include: approved study team members, and the Binghamton University Institutional Review Board (IRB).

This research will remain confidential unless we are required by New York State Law to report harm to yourself or your children.

What are the risks if I participate in this research?

The risks or discomforts of participating in this research include a breach of confidentiality and distress from disclosure.

The mitigations in place to protect against these risks include storing all data in a password protected computer and the list of resources available to you while taking this survey.

It is your choice whether to participate or not in this research.

What if I want to stop participating in this research?
Taking part in this research study is your decision. Your participation is voluntary. You do not have to take part in this study, but if you do, you can choose not to participate in any study activity or to completely withdraw at any point without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your relationship with the researcher(s) or Binghamton University

What if I am injured because of participating in this research?

If you are injured as a result of participating in this study you and your insurance carrier assume full financial responsibility for any injury that you may suffer as a result of participation. No other form of compensation is

being offered, however that does not mean you are giving up any of your legal rights. In an event that you are injured please contact ryu19@binghamton.edu.

Will I be paid for participating in this research?
There is no compensation.

Who can answer my questions about this research?
If you have questions, concerns, or have experienced a research related injury, contact the research team at:

- Raymond Yu
- 9178336697
- Ryu19@binghamton.edu

Binghamton University's IRB is overseeing this research. The IRB is a group of people who perform independent reviews of research studies to ensure the rights and welfare of participants are protected. If you have questions about your rights or wish to speak with someone other than the research team, you may contact:

- The Binghamton University IRB
- hsrrc@binghamton.edu
- (607) 777 - 3818

STATEMENT OF CONSENT

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to make a decision about my participation. I understand that I can ask additional questions throughout my participation. I understand that by signing below, I volunteer to participate in this research. I understand that I am not waiving any legal rights. I have been provided with a copy of this consent form

I am at least 18 years old and I consent to participate in this study.

Name of Adult Participant	Signature of Adult Participant	Date

Researcher Signature (to be completed at time of informed consent)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Raymond Yu		12/7/2024
Name of Research Team Member	Signature of Research Team Member	Date

Name of Adult Participant	Signature of Adult Participant	Date

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